



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 001660224		2. Exact name of the Corporation ESI Environmental Services, Inc.			
3. Principal Office Address 97 Londonderry Tpke			City Hooksett	State NH	Zip 03106
4. NAICS Code 81 2990		6. Brief description of the character of business conducted in Rhode Island stormwater maintenance and water sampling			
5. State of Incorporation NH					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephen Ebling			Vice-President Name Reg Strout		
Street Address 26 Plymouth Dr			Street Address 23 Drummer Trail		
City Saco	State ME	Zip 04072	City Laconia	State NH	Zip 03246
Secretary Name Stephen Ebling			Treasurer Name Stephen Ebling		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Stephen Ebling			Director Name Reg Strout		
Street Address 26 Plymouth Dr			Street Address 23 Drummer Trail		
City Saco	State ME	Zip 04072	City Laconia	State NH	Zip 03246
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative 				Date 2/23/18	
Signature of Authorized Representative					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FEB 26 2018
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